

## State of New Hampshire 2016 ANNUAL REPORT

The following information shall be given as of January 1 preceding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2016

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 02/29/2016
Business ID: 10703
William M. Gardner
Secretary of State

DARK POND, INC.				
PO Box 161			ADDRESS OF PRINCIPAL OFFICE: PO Box 161	
Dublin, NH 03444		1	Dublin, NH 03444	
	ENTITY TYPE: CORPORATION	1	Dublin, I III	
	BUSINESS ID: 10703	F	REGISTERED AGENT AND OFFICE:	
1	STATE OF DOMICILE: NEW HAMPSHIRE	1	Warren, Thomas	
		1	15 Pumpelly Lane	
	LAND MANAGEMENT	Ì	Dublin, NH 03444	
If changing the mailing or principal office address, please check the appropriate box and fill in the necessary informatio				
2 The new mailing address				
	The new principal office address			
PO Box is acceptable.				
	OFFICERS		BOARD OF DIRECTORS	
3	NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).			
	(MUST LIST AT LEAST ONE OFFICER BELOW)		MUST LIST AT LEAST ONE DIRECTOR BELOW)  A TO THE STATE OF	
	NAME JUNE 11 CLOSE TO STATE NAME		20 (000) (100 - 115) West	
	STREET 29 COMISA RECEIVED STREET		29 Cornish Rd	
	CITY/STATE/ZIP VELOCIONAL NH 03438 CITY/S		E/ZIP POLETBOROUGH 1047 03458	
	NAME THOMAS WATER NAME STREET IS PUMPALLY LONG STREET			
	STREET STREET			
	CITY/STATE/ZIP Jublin DH 03444 CITY/S		E/ZIP	
	NAME NAME			
	STREET STREE			
	CITY/STATE/ZIP CITY/S		E/ZIP	
	NAME NAME	_		
	STREET			
	CITY/STATE/ZIP  NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED			
L	NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED			
	To be signed by an officer, director, or any other person authorized by the board of directors.			
	I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.			
4				
-	Sign here: Long Wanen			
	Sign here: Thomas Warren  Please print name and title of signer: Thomas Warren		1 Treasures	
NAME TITLE				
_				
	FEE DUE: \$100.00 E-MAIL ADDRESS (OPTIONAL):			

State of New Hampshire Fee - Form 47 - (Corporations) 1 Page(s)

WHEN THIS FORM PUBLIC DOCUMEN REQUIRED INFORMAT



「WILL BECOME A BLIC DISCLOSURE RT WILL BE REJECTED